North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Richard O. Brajer
Secretary

Daniel Staley
Acting Division Director

MEMORANDUM

To: Health Directors, Directors of Nursing, Nursing Supervisors, and STD Enhanced Role Registered Nurses

From: Victoria Mobley, MD, MPH
STD/HIV Medical Director
Communicable Disease Branch

Date of Report: October 23, 2015

Subject: STD Program Updates

The goal of this memo is to address questions that have arisen since the release of the CDC's 2015 STD Treatment Guidelines.

New Standing Orders:
The new lab and treatment standing order templates that reflect the CDC's 2015 Sexually Transmitted Diseases Treatment Guidelines are in the final stages of review and posting. The new standing order templates are guidance documents only and will need to be adapted to your local health department's practices. The STD TATP Nursing Consultants will send an email when the new templates are available online in the NC Communicable Disease STD Manual.

Laminated Guidelines:
Are being revised and a notice will be sent out when they are available

Guidelines Requiring Immediate Implementation:
A. NGU
The non-gonococcal urethritis (NGU) reporting criteria have changed due to the CDC's new definition of urethritis. The new reporting threshold for white blood cells (WBCs) on a Gram stain is greater than or equal to (≥) two (2) WBCs/oil immersion field (OIF). All laboratorians, nurses and clinicians should begin reporting all NGU cases that meet the new reporting criteria immediately. More information on the changes to the urethritis definition can be accessed at: http://www.cdc.gov/std/tg2015/urethritis-and-cervicitis.htm.

B. Gonorrhea
Gonorrhea (GC) treatment is a section with many changes in the 2015 Guidelines:

- Ceftriaxone 250 mg IM PLUS Azithromycin 1 gm is now the ONLY first-line recommended treatment for GC.

- If Ceftriaxone is unavailable, Cefixime in combination with Azithromycin 1 gm, is the recommended second-line treatment.
- Monotherapy with Azithromycin 2 grams is no longer recommended due to the increased risk of drug resistance.
- Azithromycin 2 grams PLUS Gentamicin 240 mg IM can be used as an alternative treatment for persons with a penicillin and/or cephalosporin allergy.
- Although Gemifloxacin 320 mg PLUS Azithromycin 2 grams is another alternative GC treatment listed in the 2015 CDC STD Treatment Guidelines, Gemifloxacin is currently not available in the United States (http://www.cdc.gov/std/treatment/drugnotices/gemifloxacin.htm). Local health departments are encouraged to maintain a supply of Gentamicin for patients with severe penicillin and/or cephalosporin allergies.
- Doxycycline is no longer considered a first-line drug for dual treatment of GC with Ceftriaxone, but can be used when clients have a documented allergy to azithromycin (macrolides).
  It is imperative that clients claiming an intolerance or allergy to Azithromycin be questioned about their previous reaction(s) to Azithromycin. If the client reports a true severe reaction to a previous dose of Azithromycin, then Doxycycline can be used in combination with a cephalosporin for dual treatment of GC.

NC EDSS Changes regarding GC Treatment:
By this time, all local health departments should have informed their county's private medical practices about the new 2015 CDC STD Treatment Guidelines. The Communicable Disease Branch's (CDB) NC Electronic Disease Surveillance System (NC EDSS) State Registrars have been instructed to return Gonorrhea events that do not contain first or second-line recommended treatments without appropriate documentation for use of an alternative regimen (i.e. doxycycline plus ceftriaxone due to an azithromycin allergy). The STD Program manager should respond to each returned event with an acknowledgement that the private provider has been notified of the new guidelines, why the provider chose an alternative treatment, and that the provider was notified that NC State Division of Public Health requests client's with oropharyngeal GC receive a test-of-cure (TOC) two weeks after completing any alternative treatment. Uncomplicated urogenital or rectal GC cases treated with alternative dual treatments do not require a TOC.

Doxycycline and Metronidazole in Pregnancy and Breastfeeding Clients:
Page 58 of the CDC 2015 STD Treatment Guidelines, states, "Doxycycline is contraindicated in the second and third trimesters of pregnancy." This may imply that Doxycycline is safe in the first trimester of pregnancy. The CDB continues to recommend against the use of doxycycline throughout pregnancy whenever possible. Therefore, we are recommending that every female who is pregnant or may be pregnant AND is diagnosed with mucopurulent cervicitis (MPC) or named as a contact to NGU AND is allergic to Azithromycin be screened by NAAT for GC/CT and treatment based on test results. Please consult your local health department's medical director for his/her recommendation for your agency's standing orders.

Metronidazole is safe in pregnancy and breastfeeding. However, the CDB recommends that a breastfeeding mother discard her breast milk the day of and 24 hours after taking a 2 gram dose of Metronidazole. If metronidazole is ordered 500 mg twice a day OR 250 mg three times a day, it is safe for the woman to continue breastfeeding during treatment. Again, please discuss this recommendation with the medical director in your health department when revising orders.

Please contact your STD TATP Nurse Consultants if you have any questions.